

on senior citizens having to pay more out of pocket.

It is incumbent upon us, I know that is what you are doing, the gentleman from Texas, the gentlewoman from Connecticut, the gentleman from California, we have to keep making the point that we have to let the public in to see what is going on here. We cannot let 1 day of hearings before the Committee on Ways and Means be the only contribution that the public ever sees before we vote only this plan. We have to continue to press, as I know we will, that we have to have the full plan and we have to have several weeks, if not at least a month, to look it over, to bring in the senior citizens, to bring in the hospitals, to bring in the people that are going to be directly impacted by this, so we know what the Republicans have in mind.

It is still remarkably something that we do not have the details about, and we cannot plan about. But what we know, we know is going to have a devastating effect because we cannot absorb, the program cannot absorb that level of cuts. I want to commend the two of you again for putting together this special order.

Mr. DOGGETT. I thank the gentleman for his observations and leadership on this critical issue.

Ms. DELAURO. I wanted to add one point. You have just laid out the kinds and numbers of hospitals that are going to be in difficulty.

I would like to add one more category of hospital, and that is the teaching hospitals. I represent in New Haven, CT, Yale University, one of the finest teaching hospitals in the world. What will happen is not too many people know about the connection of Medicare and teaching hospitals and medical education.

One of the hue and cries that we all heard throughout the health care debate in the last session of Congress and in this session of Congress is that the fact of the matter is that the United States has the very best quality of health care in the world, bar none. Folks from all over the world come here to get the benefit of our technology, our know-how, in medical care.

If we begin to eat away at our teaching hospitals and our medical education, not only is the level of servicing going down, the quality of medical care that we stand on so proudly in this nation is going to be eroded. And I think that we cannot let it be forgotten in the litany the providers and hospitals that are going to be get hurt and how ultimately this may look like a cut to a provider, but in fact the recipients, all of us in this nation, are going to be hurt because the quality of our medical care is going to be eroded.

Mr. PALLONE. If I could say very quickly, I think the gentlewoman from Connecticut is absolutely right. What she is pointing out even more so in the general sense is that this does not just effect senior citizens. Obviously we are very concerned about seniors; otherwise we would not be here.

This affects the entire health care system and impacts everyone, not only because the quality of care is going to go down and you will have hospital closures, but you will have less community service, and that means that people just will not have access to quality medical care the way they do now.

In addition, you have so many other people, I know you were mentioning about Medicaid before and how something like 70 percent, I know in my home State of New Jersey, 71 percent of the money from Medicaid pays for nursing home care. If there are cuts in Medicaid, just as there are significant cuts in Medicare, then what is going to happen is a lot of the senior citizens are not going to be able to pay for the nursing home care, and you are going to see their own children or grandchildren having to kick in more.

So the costs of all this are going to end up ultimately, and the downgrading of our health quality and health care system, is going to impact everyone. There is no way this is just a senior citizen issue.

Mr. DOGGETT. That is so very true. You know, we have had important observations like yours from a number of our Democratic colleagues, and I am sure there are people across this country that are wondering, where are the Republicans? Why are they not out discussing this plan?

Not just tonight, but, you know, it is September 18 in the evening. We are approaching the end of this Federal fiscal year, less than 2 weeks away. And yet to this very moment, we have yet to have one Republican colleague tonight or at any other time take the floor of this House and outline how deep it is they are going to reach into the pockets of senior citizens across this country, how big the cuts are going to be.

I do not know whether it is because they do not know, as this morning's Washington Times says, and they have a black hole or a giant gap in their plan, and they are just committed to whacking \$270 billion out of Medicare; or they are afraid to say how they are going to do this. But they have refused to come and stand on the floor of this Congress tonight or at any other time and level with the American people and tell them how hard the hit is going to be, how much more are they going to have to pay, and how much less are they going to have to get.

Tonight, as we conclude this special order, I think it is important to remember that the same group that gave us the Contract With America, Lunz & Associates, advised our Republican colleagues not on how to reform Medicare, but how to sell what they were going to do. They said, "Keep in mind that seniors are very pack oriented and are susceptible to following one very dominant person's lead. Do not talk about improving Medicare."

Well, indeed they are not improving it. They think the seniors of America will be quiet. They think people all

across this land will not listen, will not care; that they can sneak this through in a single day of hearings, can run it through here at the end of the fiscal year, and that, before you know it, the cost is up, the benefits are down, in New Jersey, in Connecticut, in California and Illinois, across this land, with seniors having been affected in a very dramatic way that they will not speak out. But just as with your experience in New Jersey, when I had a meeting last week in Texas, if our seniors know about this and they speak out, they can make a difference.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. SISISKY (at the request of Mr. GEPHARDT), for today and the balance of the week, on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. DOGGETT) to revise and extend their remarks and include extraneous material:)

Mrs. COLLINS of Illinois, for 5 minutes, today.

Ms. EDDIE BERNICE JOHNSON of Texas, for 5 minutes, today.

Mr. MILLER of California, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

Mr. OWENS, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

(The following Members (at the request of Mr. DOGGETT) and to include extraneous matter:)

Mr. BONIOR.

Mr. COLEMAN.

Mr. MENENDEZ in two instances.

Mr. FARR.

(The following Members (at the request of Mr. GOODLATTE) and to include extraneous matter:)

Mr. RADANOVICH.

Mr. GOODLING.

Mr. DOOLITTLE.

Mr. GEKAS.

Mr. GILMAN.

Mr. BLILEY.

Mr. SHUSTER.

ADJOURNMENT

Mr. DOGGETT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 40 minutes p.m.), under its previous order, the House adjourned until Tuesday, September 19, 1995, at 9 a.m.